

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	21412
	First Inventor	Kropshof r t al.
	Title	Novel MHC II ...
	Express Mail Label No.	EL 912163558US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450
-----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 52] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10] 5. Oath or Declaration [Total Sheets 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Reader Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> Paper c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ACCOMPANYING APPLICATION PARTS

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | <input type="checkbox"/> Power of Attorney |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) | <input type="checkbox"/> English Translation Document (if applicable) |
| 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 12. <input checked="" type="checkbox"/> Preliminary Amendment | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | |
| 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) | |
| 15. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. | |
| 16. <input type="checkbox"/> Other: | |
| 17. <input type="checkbox"/> | |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.:

Prior application information:

Examiner


Art Unit:

For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: **00151** OR ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Lyman H. Smith	Registration No. (Attorney/Agent)	44342
Signature		Date	Oct. 1, 2003

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03946 U.S. PTO

10/676677



Director of the United States Patent
and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

Hoffmann-La Roche Inc.
340 Kingsland Street
Nutley, NJ 07110
Case Docket 21412
October 1, 2003

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the patent application of

Inventor(s): Harald Kropshofer, Till Alexander Roehn, Anne Vogt

For: **NOVEL MHC II ASSOCIATED PEPTIDES**

1. The fee has been calculated as shown below:

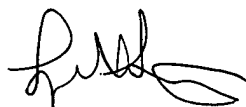
CLAIMS				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
TOTAL CLAIMS	40 - 20	20	x \$18	360
INDEP. CLAIMS	4 - 3	1	x \$86	86
MULTIPLE DEPENDENT CLAIMS PRESENTED			+ \$280	
BASIC FEE				\$ 770
TOTAL				<u>\$1216</u>

Please charge Deposit Account No. 08-2525 in the amount noted above.

The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 08-2525, including those under 37 C.F.R. § 1.16 and 1.17. This sheet is provided in duplicate.

Continue to address all communications to:

George W. Johnston
Hoffmann-La Roche Inc.
340 Kingsland Street
Nutley, NJ 07110



Agent for Applicant(s)
Lyman H. Smith
(Reg. No. 44342)

134738

DEPOSIT ACCOUNT NO. 08-2525 OUR ORDER NO. <u>5110</u>

Certification under 37 CFR 1.10

I hereby certify that this form and all documents cited on this form are being deposited with the United States Postal Service in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number:

EL912163558US

addressed to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

on October 1, 2003

Date

Marta Swaryczewsky

Signature

Marta Swaryczewsky

Typed or printed name of person of signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Papers Submitted for Case Docket 21412: Patent Application Transmittal Form, Application Data Sheet, Fee Transmittal Form, Specification, Declaration, Drawings, Sequence Listing, Diskette, Statement Under 37 CFR 1.821(e), Information Disclosure Statement with PTO Form 1449 and References